



*DEPARTMENT OF HEALTH*  
**SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS**  
407 Belmont Avenue  
Yankton, SD 57078

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**GENERAL INFORMATION**

**CHIROPRACTIC ASSISTANT**

Effective September 8, 2008, the Chiropractic Board of Examiners has completed all the necessary legislation and obtained rule-making authority to require chiropractic assistants to be certified. Copies of the statutes and rules regarding chiropractic assistants can be found on our website at <http://chiropractic.sd.gov> and clicking on statute SDCL 36-5-23 through SDCL 36-5-29 and administrative rule ARSD 20:41:15. The Board of Examiners has set January 1, 2009 as the deadline to have all current chiropractic assistants certified.

**Application:** Please complete the following application and submit to the board office along with a copy of certification showing completion of 20 hours of approved chiropractic assistant training as well as certification of CPR training.

**Application fee:** The nonrefundable application/initial certification fee is **\$50.00** and should be made payable to the South Dakota Board of Chiropractic Examiners. The payment should be included with your application.

**Renewal Fee:** The yearly renewal fee of **\$25.00** per year will be required to keep your certificate active.

**Continuing Education:** 6 hours of continuing education every three years as approved by the board. The current education period starts January 1, 2010.

**Please submit application, certificates of completion and application fee to the address listed below:**

**SD Board of Chiropractic Examiners  
Marcia Walter, Executive Director  
407 Belmont Avenue  
Yankton, SD 57078**

# SOUTH DAKOTA STATE

## BOARD OF CHIROPRACTIC EXAMINERS

### CHIROPRACTIC ASSISTANT APPLICATION

#### PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the South Dakota Board of Chiropractic Examiners of any address changes after you file this application in order to receive any further information. **APPLICATION MUST BE TYPED OR HANDWRITTEN LEGIBLY. SUBMISSION OF AN ILLEGIBLE APPLICATION MAY RESULT IN DENIAL OF CERTIFICATION.**

2 x 2 picture  
(please tape on back of picture)

1. Last Name	2. First Name	3. MI	4. Suffix (JR. )
5. Social Security Number			
6. Current Address (If PO Box, Must provide street address as well)			
7. Permanent Mailing Address including postal code (if different from Current address listed above)			
8. Business Mailing Address			
9. Identify Preferred mailing address. <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business			
Note: The preferred mailing address shall be available to the public.			
10. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.			
11. Place of Birth (List City, County, State or other Jurisdiction, Country)			12. Date of Birth MM/DD/YYYY
			13. <input type="checkbox"/> Male <input type="checkbox"/> Female
14. Contact Information			
(a) Telephone Numbers:			
Daytime:			
Evening:			
(b) E-mail address :			
(c) Fax number:			
15. Print Name as you wish it to appear on certificate			

#### 16. Citizenship

(a) Are you a United States Citizen? YES ☐ NO ☐

(b) If you answered NO to question 16(a) above, are you:  
(Please check one of the following.)

- ☐ A qualified alien (as defined in 8 U.S.C.A. § 1641).
- ☐ A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq*).
- ☐ An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.
- ☐ A foreign national not physically present in the United States.
- ☐ Other – Please provide detailed explanation.

COLLEGE OR UNIVERSITY NAME (If none, please indicate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		GRADUATED? Yes/No  If no, number of credit hours earned?	DEGREE EARNED/ MAJOR
		FROM	TO		
		Month/Year	Month/Year		

List in chronological order any chiropractic assistant coursework as well as CPR certification. *Include with application copies of certificates of completion for the assistant coursework as well as CPR certification.*

Complete each of the following items. List all employment chronologically in the last five years. If you have never been employed, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

1. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment:	Hours Worked per Week:	
FROM: ____ / ____	Type of Employment:	
TO: ____ / ____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for employment termination/resignation?

2. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:          Reason for employment termination/resignation?
Name of Supervisor:		
Date of Employment: FROM: ____ / ____ / ____ TO: ____ / ____ / ____	Hours Worked per Week:  Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
3. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:          Reason for employment termination/resignation?
Name of Supervisor:		
Date of Employment: FROM: ____ / ____ / ____ TO: ____ / ____ / ____	Hours Worked per Week:  Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
4. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:          Reason for employment termination/resignation?
Name of Supervisor:		
Date of Employment: FROM: ____ / ____ / ____ TO: ____ / ____ / ____	Hours Worked per Week:  Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

#### PART IV. Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct **and that the photograph attached hereto is a true likeness of myself.** I also agree to abide by the laws of the state of South Dakota concerning chiropractic assistants.

\_\_\_\_\_  
Signature of Applicant (Do not print)

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**PLEASE SUBMIT APPLICATION, CERTIFICATES OF COMPLETION AND \$50 APPLICATION /  
INITIAL CERTIFICATION FEE TO THE SOUTH DAKOTA BOARD OF CHIROPRACTIC  
EXAMINERS OFFICE AT 407 BELMONT AVENUE, YANKTON, SD 57078**